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Geriatric Competency, Training, and Services: Surveying a Local Aging Access Point

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Toni is a senior majoring in Social Work. This research was undertaken in the summer of 2009 as

an Adrian Tinsley Program Summer Grant project, and provided the underpinnings of a directed study and an ATP semester grant. These studies were completed under the knowledgeable and encouraging mentorship of Dr. Arnaa Alcon. Toni plans to pursue her Master's degree in Social Work, and hopes to continue participating in research pertinent to the field of gerontology.

By the year 2030, 61 million baby boomers will be between the ages of 66 and 84. Add to that cohort the nine million "oldest old," or those born before 1946, and significant numbers of 70 million individuals will need access to aging related services. Researchers and policy makers predict huge shortfalls in services and resources for the elderly, and document - that even now - there are too few social workers in the geriatric field. Many of those currently in the field lack professional geriatric training and may not be adequately prepared to help aging clients. However, these studies focus on national estimates of need and availability of trained workers, and have, for the most part, not included information gleaned from a local aging services provider. This study addresses that gap using a community-based mixed methods approach. Data collected by administering the Geriatric Social Work Competency Scale to direct care workers (n=50), and through interviews with key staff members of Old Colony Elder Services (n=20) reveal how frontline workers and managers perceive their geriatric competency, the educational and training background of employees, and ongoing training opportunities. This study also attempted to gain insight into client needs that are the most challenging to resolve, and if there are existing gaps between resources and client needs.

Literature review

The literature makes a solid case that competency in practice with the aging population is necessary, however, how does the literature define competence in aging? Actually, there were no definitions of competence in aging found in the literature reviewed for this project. Naito-Chan, Damron-Rodriguez and Simmons (2004) purport that a "primary indicator of organizational quality" is "age-appropriate delivery of services to older clients," however, while that "age-appropriateness" speaks to competence in aging, it is still not a definition. Other researchers summarized the expectations and activities of social workers who work with elders, and these statements provide parameters of competence in aging, and clearly illustrate the uniqueness of additional knowledge and skills necessary to best advocate for elders. Social workers assist older people to maintain their independence and self-determination and assist older people to maintain or improve their quality of life through direct services and consultation, counseling, and education (CSWE, 2009).

Naito-Chan, Damron-Rodriguez and Simmons (2004) conducted a needs assessment with older adults, caregivers, social workers and employees to de-

termine how social work with elders is different from social work with other populations. These groups deemed if workers were going to be effective helpers of the older population and their families, they would possess necessary knowledge and skills to obtaining needed resources (e.g. medical equipment, transportation); in-home support; financial assistance; be knowledgeable about the special needs and experiences of older adults (for example, being widowed, having fears about going out at night); and they must also have “knowledge about special populations among older adults, such as gay and lesbian elders and Holocaust survivors, as well as specialized knowledge about the legal and ethical issues regarding the elderly” (p. 76). They also had the expectation that geriatric social workers would have knowledge and experience around providing advanced health care planning; health care arrangements; conducting comprehensive assessments which include functional and mental status assessment; knowledge about dementia; and chronic disease and its impact on functioning and pharmacology.

Health, mental health and substance abuse are specific areas in which increased services will be necessary for large numbers of older adults. As age increases, so does the likelihood of chronic illness diagnosis (Diwan & Hooyman, 2006, p. 3) and to be the most helpful, social workers should be knowledgeable about medical and psychosocial issues which individuals experience. Likewise, end-of-life care necessitates informed social workers to assist the aged and their families. The number of older adults who experience challenged mental health will increase to fifteen million by the year 2030, and since the mental health field is also experiencing a considerable shortage of workers with aging knowledge and experience, services will not come close to meeting the needs of a vastly increased elder population. Arguments for the uniqueness of aging practice are compelling, Rosen and Zlotnik (2001, p. 70) propose that demographics “suggest all social workers need gerontological competence in aging,” because “they will encounter aging clients in many practice settings such as health care, child welfare and the schools” (Rosen, Zlotnik, Curl and Green, 2000). To further stress the point, the National Association of Social Workers (NASW) reported in 2004 that twenty-four percent of social worker’s caseloads had at least fifty percent older adults, and seventy-five percent had adults over the age of 55 (NASW, 2004, p. 9).

Consistent throughout the literature is the imperative to standardize competency in aging. Damron-Rodriguez, Lawrance, Barnett, and Simmons (2006) trace the process of standardizing and “defining geriatric social work competencies to be used nationally,” from the Geriatric Social Work White Papers, which provided a plan to proceed, all the way to the first Ge-

riatric Social Work Competency Scale. Collaboration was vital to the process of competency development which included numerous structured interviews and surveys with consumers and providers. The much refined final product was “a comprehensive list of geriatric social work skills.” The revised Geriatric Social Work Competency Scale contains 40 items which are grouped into four parts. Each part has a list of ten knowledge, skills, or values important to effective work with and on behalf of older adults and their families. These skills are self rated on a scale of zero (not skilled at all) to four (expert skill). The scale can “capture self-assessment of skill development across the learning continuum, from BSW, to MSW and post-MSW” (CSWE Gero-Ed Center).

The competency scale has effectively measured the degree of competency of social work students and workers in aging (Hooyman, 2005; Mills-Dick, Geron and Erwin, 2007). Additionally, the scale has been used as a pretest and posttest to measure program effectiveness, and also serves as a guide for developing teaching resources, curricula, and education based collaborations. The Geriatric Social Work Competency Scale has, in essence, helped define aging competency and competency training.

Research introduction

Old Colony Elder Services (OCES) in Brockton is the source of data obtained for this research project. Old Colony is a large, complex organization which has approximately 130 employees and operates more than twelve programs which serves elders, their families, and caregivers. The organization’s mission is “to provide services that support the dignity and independence of elders by helping them to maximize their quality of life; live safely and in good health; and prevent unnecessary or premature institutionalization.” This project sought to explore how the organization fulfills its mission statement in light of worker’s geriatric competency, training, and challenges that managers and workers face in that endeavor. Managers were asked to participate through interviews, and frontline workers completed survey instruments. In total, six departments—intake and referral, home care, senior care options, program development, protective services, and nutrition - were available for this study.

Research questions & methodology

The questions broached by this research project are:

1. How do frontline workers of a typical regional aging access point agency (ASAP) assess their geriatric competency?
2. How are ASAP’s new hires prepared for competence in aging issues and in accessing local resources?

3. How does a large regional aging services agency update resources and provide on-going training to staff?
4. Are there gaps between resources offered by the agency and client needs, as perceived by frontline and management employees?

This study utilized a community-based mixed methods approach. Fifty of the frontline workers at OCES responded to a mostly quantitative, six page, two-part paper and pencil survey. The first part of this survey, was a two page expanded demographics instrument specifically designed for this project, and the second part, the Geriatric Social Work Competency scale developed by the Hartford Practicum Partnership Program, enabled subjects to determine their self-assessed skill level to work effectively with and on behalf of elders.

Information, covering topics of general interest, and issues specific to the subject's department, was collected from 20 key informants, namely, program directors, managers and supervisors. Individual semi-structured interviews covered their personal educational and experiential backgrounds, informal worker assessments, challenging needs, possible service gaps, and training. The questions were open-ended and each interview was audio taped and transcribed. Coding was inductively generated using a "grounded approach" (Glaser & Strauss, 1967).

Findings

Quantitative findings

Geriatric Social Work Competency Scale results

The GSWC scale is a list of 40 skill statements divided in four main categories. The responses to each of the statements on this self-assessment survey are based on a scale of 0 (not skilled at all) to 4 (very skilled, able to teach to another). Listed are the highest and lowest areas of employee confidence for each of the four categories. In parentheses after each category title is the self-assessed mean score of all frontline worker respondents at OCES in that particular section. After each statement is the self-assessed mean score for that particular skill or ability of frontline workers. The categories and skill statements and mean scores are:

- I. Values, ethics, and theoretical perspectives (2.8101)
 4. Respect diversity among older adult clients, families, and professionals (e.g., class, race, ethnicity, gender, and sexual orientation). (3.29)

7. Relate social work perspectives and related theories to practice with older adults (e.g., person-in-environment, social justice). (2.40)

II. Assessment (2.9028)

1. Use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems. (3.42)
8. Administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g., depression scale, Mini-Mental Status Exam). (2.42)

III. Intervention (2.6291)

1. Establish rapport and maintain an effective working relationship with older adults and family members. (3.35)
3. Utilize group interventions with older adults and their families (e.g., bereavement groups, reminiscence groups). (1.94)

IV. Aging services, programs, and policies (2.3099)

1. Provide outreach to older adults and their families to ensure appropriate use of the service continuum. (2.80)
5. Develop program budgets that take into account diverse sources of financial support for the older population. (1.56)
9. Identify the availability of resources and resource systems for older adults and their families. (2.80)

Geriatric Social Work Competency Scale Discussion

The frontline workers at OCES completed these assessments. The first section of 10 skill areas is entitled: "Values, ethics, and theoretical perspectives: knowledge and value base, which is applied through skills/competencies." Respondents rated themselves highest (mean of 3.29) on statement four and indicated the strongest confidence in applying "ethical principles to decisions on behalf of all older clients with special attention to those who have limited decisional capacity." The lowest confidence in section one (mean of 2.40) was in respondent's ability to "relate social work perspectives and related theories to practice with older adults (e.g., person-in-environment, social justice). The overall mean for all responses in this section was 2.8101.

The second section of 10 skill statements is: “Assessment.” In this skill area, respondents related the most confidence in their ability to “use empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems.” The mean for this statement was 3.42. The skill area for section two in which workers feel least confident in their ability is the eighth statement: “administer and interpret standardized assessment and diagnostic tools that are appropriate for use with older adults (e.g. depression scale, Mini-Mental Status Exam).” The mean for this self-assessed skill was 2.42. The mean for the entire second section was 2.9028.

The third section of the GSWC scale is “Intervention,” and the overall mean for this section was 2.6291. Workers expressed most confidence in their overall ability to, “establish rapport and maintain an effective working relationship with older adults and family members” (mean of 3.35), and the least confidence (mean 1.94) in their ability to “utilize group interventions with older adults and their families (e.g. bereavement groups, reminiscence groups).

In the last part of the scale workers have equal confidence in their ability to “provide outreach to older adults and their families to ensure appropriate use of the service continuum,” and “identify the availability of resources and resource systems for older adults and their families.” The mean for both of these skill statements was 2.80. The skill area in which frontline workers feel less confident in their ability (mean of 1.56) is statement five: “develop program budgets that take into account diverse sources of financial support for the older population.” The overall mean for “Aging services, programs, and policies” was 2.3099.

The first two sections of the GSWC scale - Values, ethics and theoretical perspectives, and Assessment – are the ones in which the workers seem to feel the most confident in their abilities, and have mean scores of 2.8101 and 2.9028, respectively. The two individual skills in which they assess themselves highest are using “empathy and sensitive interviewing skills to engage older clients in identifying their strengths and problems,” (mean score of 3.42) and “establishing rapport and maintaining an effective working relationship with older adults and family members,” (mean score of 3.35). The overall mean for 50 respondents and 40 skill statements was 2.6693.

Table 1. Summary of Mean Scores on GSWC Sections I-IV and Overall Mean

Sections of GSWC	Mean score
I. Values, Ethics, and Theoretical Perspectives	2.8101
II. Assessment	2.9028
III. Intervention	2.6921
IV. Aging Services, Programs, and Policies	2.3099
Mean score of 50 cases and all 4 sections	2.6693

Qualitative findings

Managerial interviews

Twenty semi-structured interviews were conducted with program directors, managers, and supervisors. These interviews provided information about: length of employment by OCES, their educational/training background, the educational/training backgrounds of new hires, new employee training, ongoing training, skills necessary to work with older population, their overall assessment of their workers, the most difficult needs to help clients resolve, and what they perceived to be the greatest gap between client service needs and available resources.

The managerial staff has been employed by OCES an average of 9.7 years, with a range of 1-22 years. Fifty percent have been employed ten years or longer. The educational backgrounds among the respondents are varied. Five workers have a BSW, one has achieved a MSW, and three of these are licensed social workers. Also, ten employees have an undergraduate degree in a related human service field (e.g. psychology, criminal justice), one person has an undergraduate degree in gerontology, and there are three licensed nurses on the managerial staff.

Managers were asked, “In your opinion, what is the most important quality to enable someone to work successfully with an older population?” The question evoked forty answers that fall within four basic categories: general job skills; people skills; communication skills; and specific to elder’s knowledge and skills. According to the managers, active listening, patience, compassion and respect were the most important, the most often mentioned, qualities that enable someone to work successfully with the older population.

Table 2. Necessary Qualities to Work with Elder Population

General job skills	
Ability to triage and assess needs quickly	Ability to work with others
To be knowledgeable about resources	Time management skills
People skills	
Caring	Honor
Kindness	Not focused on own agenda
Observant	To approach people holistically
Communication skills	
Crisis intervention	Able to communicate via email
Good communication	Problem solving
Interviewing skills	
Knowledge and skills related to elders	
Ability to relate to seniors	To allow for elder's independence
Understand self-determination	Knowledgeable of the age related psycho-bio experiences of older adults

Informal assessment of frontline workers

A follow-up question was, "If it is quantifiable, are you able to give a percentage to the number of supervisory challenges that are a result of a worker not being aware of the uniqueness of the aging population?" Many managers indicated there had been "issues," "inappropriate assumptions are being made," and there were "challenges because of not knowing the elderly population well," however, all agreed that they were not frequent enough to attach a number to them. Overall, managers were sure that if there is a problem as a result of not knowing the population well enough, the worker has the resources to overcome that obstacle. "If a person doesn't know about aging – it's always reviewed and filled in." While managers were not asked to formally assess individuals, in the interviews they were asked to rate the overall aging competence of the workers they supervised on a scale similar to the GSWC – 0 (not skilled at all) to 4 (expert skill). One responded that her "average crew falls at 3 because everyone can learn to do things better." Other responses included: "3-4, because between four employees, they have 80 years in aging," "between 3 -4 because they have to become proficient quickly – the job requires it," and "definitely 4, they have much experience." Two supervisors rated their group at 3, and one said "between 3-4, they are all in the process of learning and life." One group was rated individually at 3, 4, 3 with the supervisor comment that "they are all very good." Another rating was "they have a 4 in aging knowledge." Except for one supervisor, who gave her group of workers an average of 3 and a particular individual a rating of 1, all of the supervisor ratings were higher than the frontline workers' mean scores on the GSWC scale.

New employee training

New employee training at OCES varies from one department to another. Several managers report that Human Resources does the "first round" of training, however, how long that training lasts, and what it specifically entails, differed depending on which manager was answering. One respondent said that when there are enough new hires, they are taken through the agency training program. This training was also referred to as orientation, and typically takes place within the first six months of hire. The length of this training is reported to be from one day to two. Most new hires spend time with their supervisors who provide training specific to the department in which they are employed. Many supervisors report having "come up with a list of skills necessary to master," "structured training covering specific topics," and do "their own team training" in conjunction with the department director. The supervisors are often available daily to a new employee, and then on a weekly basis when they both (employee and supervisor) feel confident in the progressive and successful application of necessary skills and knowledge to the work experience. Several managers noted that they prefer to find out the learning style of new employees and then implement a more personalized training plan with them. New employees "shadow" more experienced employees anywhere from two weeks to two months, and longer as needed.

Ongoing employee training

Monthly professional development as part of ongoing employee training at OCES is reported to be required for care managers and optional for other employees. Speakers represent a

broad array of organizations, and in-house managerial staff also presents information. Some recently covered topics were hospice and visiting nurses. These monthly meetings are mostly around direct elder issues, but are sometimes indirectly related, i.e. veteran's issues. Several managers said that participation is based on a worker's evaluation of the relevance of the proposed topic to their job.

Workers are encouraged to attend community programs and to take advantage of community based training opportunities and resources. Employees also attend regional and annual conferences, as well as trainings specific to their work. Additional training is available when computer systems are being enhanced or changed, when software is being updated, and as the Executive Office of Elder Affairs (EOEA) requires specific trainings. Most supervisors report that when they themselves, or an employee in their department, attend a training or conference, it is expected they will in some way disseminate what they learned to their fellow workers.

Nurses and social workers are required to keep their training and skills updated, and OCES has provided opportunities for them to keep up with their continuing education units. Several interviewees mentioned an online Certificate in Aging Program by the Institute for Geriatric Social Work through Boston University, that OCES finances for employees. OCES provides a monthly email newsletter which often has important training topics and provides a way for employees to learn more about other services offered by the organization. Weekly and bi-weekly team meetings (frequency depended on which department), and supervision were considered to be primary ongoing training opportunities. This was a consistent part of the discussion and succinctly captured by one supervisor who said- "ongoing training cannot be escaped because of supervision.

Qualitative results of questions asked of both managers and frontline workers

Most difficult needs to help clients resolve

Two of the open-ended questions asked of the managerial staff were also asked of the frontline staff. The first question was, "What are the three most difficult needs to help clients resolve?" The frontline workers' sixty-nine answers to the question regarding difficult needs fit into nine general categories – cultural/social, family/caregivers, financial resources, home care service level, housing, mental health, physical health, protective services, and resistant clients. The managers' answers fit those categories and added two others – worker challenges and consumer challenges. Managers also included challenging needs that are peculiar to the departmental staff they are

supervising. Heavy and complex course loads; the need for more workers; and confusing, demanding, even overwhelming MassHealth regulations were some of their concerns for the frontline workers. Most of the gaps were ultimately attributed to not enough money – from MassHealth, Medicare, or self-payees - to support the provision of services to cover elders. There are many needs, and some managers became animated and emotional while discussing them. One supervisor summed up the overall response to the needs and gaps issues by saying, "The needs are so big, the resources don't meet them."

Perceived gaps between client needs and available resources

Managers and frontline workers also responded to the question, "Where, if at all, do you see the greatest gap between client service needs and available resources?" These answers were also categorized and represented by nine general subject areas for the frontline workers' responses. The managers' answers fit these categories with the exception of the area of nutritional services, and the addition of two categories. Frontline workers perceived gaps between consumer needs and available resources in the areas of financial services, housing, mental health services, nutritional services, physical health services, services for moderate income level elders (non-poor), social and cultural services, sufficient home care service levels, and transportation services. Managers' responses fit these categories, except for nutritional services which they omitted, and they added gaps considered specific to the agency, along with a brief list of gaps that might be considered more miscellaneous in nature.

Training topics presented by front line workers

Frontline workers were asked a third open-ended question about additional aging topics they would like covered in ongoing trainings. They suggested over eighty possible topics. These topics have been divided into six categories covering mental health; physical health and well being (which is sub-divided into health and protective services); service resources; family, caregiver, culture and diversity; legal, housing, and financial; and a catch-all category of other or unclear.

Implications and conclusion

Important next steps will be to increase the discussion on training – how does it increase competence? Also an examination of how to most effectively, with the best information, the highest impact method of delivery, and at the most affordable cost, equip workers who are already in the field of aging.

During the interviews, many of the managers stated that care of the aging population has tremendously increased in complexity over the past ten years. There are so many more elders, with so many more requests for such varied kinds of assistance. The older population does not fit into a simple or even predictable

category called “old”—they are much more diverse and complex than ever—and it makes sense that their needs will also be diverse and complex. The lists of challenging needs to help clients resolve, gaps between available services and client needs, as well as the frontline workers’ list of training topics, attest to the diversity and complexity of older people. Workers indicated a strong desire to receive continued training to help them do their jobs better. The workers’ desire for training, coupled with awareness of the needs and gaps, appears to indicate the importance of preparation and training to work with elders. Workers, whose knowledge and skills in aging are increased, will grow in their ability to work successfully, and to better serve the older consumers with whom they work.

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